



Vermont Department of Health Laboratory

195 Colchester Avenue, P.O. Box 1125, Burlington VT 05402-1125
DataMaster Technical Services (ph) 802-863-7641; (fax) 802-863-7632

100142 installed 12-1-11

DataMaster Site Evaluation Checklist

Reference D-Alc 005 DataMaster Supervisor Manual

Agency or Site Information

Name: Brandon PP
Address: 301 Forest Dale Rd.
Brandon, VT 05733
Phone: 802-247-0222
Fax: 802-247-0221

Personnel Information

Head of Site: Chief of Police
Current DataMaster Supervisor (s):
F. Spaulding
Butterfield
Proposed DataMaster Supervisor(s):
NA

Proposed DataMaster Environment

Limited Controlled Access:	<input checked="" type="radio"/> Y	<input type="radio"/> N
Low Activity Area:	<input checked="" type="radio"/> Y	<input type="radio"/> N
Unlimited Access by Other Law Enforcement Personnel	<input checked="" type="radio"/> Y	<input type="radio"/> N
Access by VDHL Technical Services	<input checked="" type="radio"/> Y	<input type="radio"/> N
Air Conditioned	<input checked="" type="radio"/> Y	<input type="radio"/> N
Room Temperature 65° - 85° F	<input checked="" type="radio"/> Y	<input type="radio"/> N
Adequate Ventilation	<input checked="" type="radio"/> Y	<input type="radio"/> N
Free of Cleaning Supplies	<input checked="" type="radio"/> Y	<input type="radio"/> N
Clean	<input checked="" type="radio"/> Y	<input type="radio"/> N

Proposed DataMaster Connection(s)

Power: ☒ Y ☐ N
Min 15 Amp
Limited low power sharing: ☒ Y ☐ N
Phone Line Connection Number: _____
Phone Line Connection Type: _____

Proposed DataMaster Site Maintenance Agreement

Will notify VDHL Technical Services of maintenance and supply needs promptly:	<input checked="" type="radio"/> Y	<input type="radio"/> N
Will notify VDHL Technical Services of changes in building conditions or moves promptly:	<input checked="" type="radio"/> Y	<input type="radio"/> N
Will notify VDHL Technical Services of relevant personnel changes at site promptly:	<input checked="" type="radio"/> Y	<input type="radio"/> N

VDHL Representative

Kirk L. Kimball
Name

12-1-11
Date

Agency Representative

F.B.S.
Name

12-1-11
Date